

<i>SERFF Tracking Number:</i>	<i>META-126057207</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>41734</i>
<i>Company Tracking Number:</i>	<i>I09-06</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Individual Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>I09-06 /I09-06</i>		

Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Individual Long-Term Care SERFF Tr Num: META-126057207 State: ArkansasLH

Insurance Advertising

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed

State Tr Num: 41734

Sub-TOI: LTC03I.001 Qualified

Co Tr Num: I09-06

State Status: Filed-Closed

Filing Type: Advertisement

Co Status:

Reviewer(s): Marie Bennett

Authors: Mary Rinaldi, Cherise
Crittenden

Disposition Date: 03/12/2009

Date Submitted: 03/05/2009

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: I09-06

Project Number: I09-06

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: Resubmission

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 03/12/2009

Corresponding Filing Tracking Number:

Filing Description:

Metropolitan Life Insurance Company

57 Greens Farms Road, Westport, CT 06880

Tel 203 221-3859 Fax 203 221-6573

Mrinaldi@metlife.com

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Previous Filing Number: I07-02

Overall Rate Impact:

Filing Status Changed: 03/12/2009

Deemer Date:

SERFF Tracking Number: META-126057207 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 41734
Company Tracking Number: I09-06
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance Advertising
Project Name/Number: I09-06 /I09-06

Mary J. Rinaldi
Long-Term Care

March 3, 2009

Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: Metropolitan Life Insurance Company ("MetLife")
Individual Long-Term Care Insurance Advertising
Advertising Form Number(s): ADF#1745.06(Rev0209)
Brief Description: Get The Facts 02
NAIC No. 65978 - FEIN No. 13-5581829
MetLife Filing No. IO9-06

Dear Sir/Madam:

We enclose for filing electronic copies of the Individual long-term care advertising material referenced above. The material is intended for use with the following Individual long-term care policy forms LTC2-IDEAL AR, LTC2-PREM AR, LTC2-VAL AR, LTC2-FAC AR all approved by your Department January 13, 2005 and is intended for use with policy form LTC2007 AR approved by your Department August 17, 2007.

The enclosed advertising form replaces form ADF#1745.06 accepted by your Department for use with our VIP2 insurance policies July 6, 2007 and accepted for use with policy form LTC2007 June 14, 2008.

We consider this form an Invitation to Inquire advertisement which will be used to promote long-term care insurance.

This electronic submission includes the following:

<i>SERFF Tracking Number:</i>	<i>META-126057207</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>41734</i>
<i>Company Tracking Number:</i>	<i>I09-06</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Individual Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>I09-06 /I09-06</i>		

- the advertisement.
- a highlighted version indicating the revisions
- the NAIC form
- an explanation of variables identifying how the variable material will be modified, and
- a copy of this letter
- Filing fee, EFT Transaction

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,

Mary J. Rinaldi

Consultant-Compliance Marketing/AD

Company and Contact

Filing Contact Information

Mary Rinaldi, Consultant- Compliance MKTG/AD Green Farms Road Westport, CT 06880	mrinaldi@metlife.com (203) 221-3859 [Phone]
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Filing Company Information

Metropolitan Life Insurance Company. MetLife 1095 Avenue of the Americas New York, NY 10036-6796 (212) 578-2211 ext. [Phone]	CoCode: 65978 Group Code: -99 Group Name: FEIN Number: 13-5581829 -----	State of Domicile: New York Company Type: Life State ID Number:
--	---	---

SERFF Tracking Number: META-126057207 State: Arkansas

Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 41734

Company Tracking Number: I09-06

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

Product Name: Individual Long-Term Care Insurance Advertising

Project Name/Number: I09-06 /I09-06

Filing Fees

Fee Required? Yes

Fee Amount: \$25.00

Retaliatory? No

Fee Explanation: \$25.00 per advertisement

1 x \$25.00 25 = \$25.00

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company.	\$25.00	03/05/2009	26151461

SERFF Tracking Number:	META-126057207	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	41734
Company Tracking Number:	I09-06		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Individual Long-Term Care Insurance Advertising		
Project Name/Number:	I09-06 /I09-06		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Marie Bennett	03/12/2009	03/12/2009

<i>SERFF Tracking Number:</i>	<i>META-126057207</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>41734</i>
<i>Company Tracking Number:</i>	<i>I09-06</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Individual Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>I09-06 /I09-06</i>		

Disposition

Disposition Date: 03/12/2009

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	META-126057207	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	41734
Company Tracking Number:	I09-06		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Individual Long-Term Care Insurance Advertising		
Project Name/Number:	I09-06 /I09-06		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Explanation of Variables		Yes
Supporting Document	Highlighted version		Yes
	ADF#1745.06(Rev0209)		
Supporting Document	cover letter		Yes
Supporting Document	NAIC Form		Yes
Form	Get The Facts 02		Yes

SERFF Tracking Number:	META-126057207	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	41734
Company Tracking Number:	I09-06		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Individual Long-Term Care Insurance Advertising		
Project Name/Number:	I09-06 /I09-06		

Form Schedule

Lead Form Number: ADF#1745.06(Rev0209)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ADF#1745.06(Rev0209)	Advertising	Get The Facts 02	Revised	Replaced Form #: ADF#1745.06 Previous Filing #: I0702	0	ADF#1745.06 (Rev0209) Get the Facts 02.pdf

Get the Facts

Metropolitan Life Insurance Company (MetLife)



MetLife®



[Watch for more information coming soon!]

Long-term care insurance helps fill a gap that's not typically covered by other employee benefits.

Long-term care is the type of care you would need if you required assistance with everyday activities, such as eating, dressing or bathing. Long-term care is not just for the elderly – disabling accidents and illnesses can happen to anyone. You work hard for your money, yet your retirement savings could easily be at risk if you were to require long-term care. Long-term care insurance can help protect your financial assets from the substantial costs of long-term care expenses.

Long-term care services are typically not covered by other plans.

- Disability insurance only covers lost wages.
- Medical insurance covers acute care needs, not long-term care or chronic needs.
- Medicare provides limited coverage after a hospital stay.
- Medicaid will pay for some long-term care services, but only after you've "spent down" virtually all of the assets counted by the state in determining your eligibility, including your personal savings and retirement accounts.

Long-term care expenses can be staggering.

Today the average annual cost for home care is [\$26,000], and the average cost for a semi-private room in a nursing home is over [\$69,715] a year nationwide.¹

[¹ MetLife Mature Market Institute®, "The MetLife Market Survey of Adult Day Services & Home Care Costs," September 2008 (home care costs can vary based on specific circumstances; this rate is based on a home health aide at \$20/hour providing 5 hours of care per day for 5 days a week), and "The MetLife Market Survey of Nursing Home & Assisted Living Costs," October 2008 (the nursing home care cost is based on a semi-private room, 7 days per week).]

YOU CAN DEPEND ON THE COMPANY BACKING THIS PLAN: METLIFE...

- MetLife has been a financial services institution in the U.S since 1868.²
- MetLife was one of the first carriers to offer LTCI in the 1980s, and is one of the largest LTCI carriers in the U.S. today.²
- MetLife consistently receives high marks on our ability to meet obligations to our policyholders by looking at our overall financial picture, the strength of our management, our financial reserves, our types of policies and our claims-paying history.

² MetLife Annual Report, 2006.

RATING AGENCY	RATINGS
A.M. BEST	A+ (SUPERIOR) for financial condition and operating performance
MOODY'S INVESTOR SERVICE	Aa2 (EXCELLENT) for financial strength
FITCH	AA (VERY STRONG) for claims - paying ability
STANDARD & POOR'S	AA (VERY STRONG) for claims - paying ability

Ratings as of January 2009

[\[For more information contact/visit\]](#)

[\[Contact info here\]](#)

[\[Contact info here\]](#)

This long-term care insurance solicitation describes coverage offered by Metropolitan Life Insurance Company (MetLife). Depending upon state availability, coverage may be offered by the following MetLife policies: LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC and LTC2007, and may be followed by the state's 2-letter abbreviation; "ML" for Multi-Life policies; "P" for Partnership policies. Like most long-term care insurance policies, MetLife policies contain certain exclusions and limitations, elimination periods, reductions of benefits and terms for keeping them in force. Premium rates can only be raised on a class-wide basis. For complete costs and details, please call a MetLife [representative/insurance agent/producer]. An insurance agent may call you.

• Not A Deposit Or Other Obligation Of Bank • Not FDIC Insured • Not Insured By Any Federal Government Agency • Not Issued, Guaranteed Or Underwritten By Bank Or FDIC • Not A Condition To The Provision Or Term Of Any Banking Service Or Activity • Policy Is An Obligation Of The Issuing Insurance Company

MetLife®

<i>SERFF Tracking Number:</i>	<i>META-126057207</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>41734</i>
<i>Company Tracking Number:</i>	<i>I09-06</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Individual Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>I09-06 /I09-06</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: META-126057207 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 41734
Company Tracking Number: I09-06
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance Advertising
Project Name/Number: I09-06 /I09-06

Supporting Document Schedules

Review Status:

Satisfied -Name: Explanation of Variables 03/03/2009
Comments:
Attachment:
EOV_ADF1745.06(Rev0209) Get The Facts-02.pdf

Review Status:

Satisfied -Name: Highlighted version 03/03/2009
ADF#1745.06(Rev0209)
Comments:
Attachment:
ADF#1745.06(Rev0209) Get The Facts 02_Highlighted Version.pdf

Review Status:

Satisfied -Name: cover letter 03/04/2009
Comments:
Attachment:
AR_I_Filing Letter .pdf

Review Status:

Satisfied -Name: NAIC Form 03/04/2009
Comments:
Attachment:
AR _ NAIC_Individual.pdf



Metropolitan Life Insurance Company
NAIC: 241-65978

EXPLANATION OF VARIABLE MATERIAL

Get The Facts 02 – Fill the Gap

ADF#1745.06(Rev0209)

There are two types of variable material set forth in brackets within the enclosed form. These are:

1. Illustrative material; and
2. Specific variable material

Illustrative Material

Illustrative material consists of entries such as web site address, producer contact information, all which may be varied.

Specified Variable Material

Specific variable material will be changed only as indicated in the explanation set forth below.

Section	Explanation
Front Page Left column on front cover	Bracketed sentence will either appear or not appear. It will depend on whether producer will be sending further information and/or is using this communication <u>prior</u> to beginning of Enrollment Period.
Front Page Right column, last paragraph and related footnote	Cost of home care and nursing home care and related footnote will be updated with most recent information.
Back page, middle	Producer can either put contact information and/or website address.
Back page disclaimer information	Depending on distribution channel utilizing material on behalf of MetLife, producer will utilize one of the three bracketed variables.

Get the Facts

Metropolitan Life Insurance Company (MetLife)



MetLife®



[Watch for more information coming soon!]

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- MetLife was one of the first carriers to offer LTCI in the 1980s, and is one of the largest LTCI carriers in the U.S. today.²
- MetLife consistently receives high marks on our ability to meet obligations to our policyholders by looking at our overall financial picture, the strength of our management, our financial reserves, our types of policies and our claims-paying history.

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MOODY'S INVESTOR SERVICE	Aa2 (EXCELLENT) for financial strength
FITCH	AA (VERY STRONG) for claims - paying ability
STANDARD & POOR'S	AA (VERY STRONG) for claims - paying ability

Ratings as of January 2009

[For more information contact/visit]

[Contact info here]

[Contact info here]

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• Not A Deposit Or Other Obligation Of Bank • Not FDIC Insured • Not Insured By Any Federal Government Agency • Not Issued, Guaranteed Or Underwritten By Bank Or FDIC • Not A Condition To The Provision Or Term Of Any Banking Service Or Activity • Policy Is An Obligation Of The Issuing Insurance Company

MetLife®

Metropolitan Life Insurance Company
57 Greens Farms Road, Westport, CT 06880
Tel 203 221-3859 Fax 203 221-6573
Mrinaldi@metlife.com

MetLife®

Mary J. Rinaldi
Long-Term Care

March 3, 2009

Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: Metropolitan Life Insurance Company ("MetLife")
Individual Long-Term Care Insurance Advertising
Advertising Form Number(s): **ADF#1745.06(Rev0209)**
Brief Description: **Get The Facts 02**
NAIC No. 65978 - FEIN No. 13-5581829
MetLife Filing No. IO9-06

Dear Sir/Madam:

We enclose for filing electronic copies of the Individual long-term care advertising material referenced above. The material is intended for use with the following Individual long-term care policy forms LTC2-IDEAL AR, LTC2-PREM AR, LTC2-VAL AR, LTC2-FAC AR all approved by your Department January 13, 2005 and is intended for use with policy form LTC2007 AR approved by your Department August 17, 2007.

The enclosed advertising form replaces form ADF#1745.06 accepted by your Department for use with our VIP2 insurance policies July 6, 2007 and accepted for use with policy form LTC2007 June 14, 2008.

We consider this form an Invitation to Inquire advertisement which will be used to promote long-term care insurance.

This electronic submission includes the following:

- the advertisement.
- a highlighted version indicating the revisions
- the NAIC form
- an explanation of variables identifying how the variable material will be modified, and
- a copy of this letter
- Filing fee, EFT Transaction

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,



Mary J. Rinaldi
Consultant-Compliance Marketing/AD

Life, Accident & Health, Annuity, Credit Transmittal Document

Reset Form

1.	Prepared for the State of	ARKANSAS					
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2.	Department Use Only						
	State Tracking ID						

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	STATE #
	Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	New York	A&H	241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Mary J. Rinaldi Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	203.221.3859	203.221.6573	mrinaldi@metlife.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number: I09-06		
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission <input type="checkbox"/> Previous file #		

8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Group </div> <div style="width: 55%;"> <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div>
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9.	Type of Insurance	LTC031 Individual Long-Term Care Insurance
10.	Product Coding Matrix Matix Filing Code	LTC031.001 - Qualified

11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other <input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATES: _____ Please explain: SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
12.	Filing Submission Date	March 3, 2008
13.	Filing Fee (If required)	Amount \$25.00 . _____ Check Date EFT transaction _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number EFT Transaction _____
14.	Date of Domiciliary Approval	NA New York does not require LTCI advertising to be filed.
15.	Filing Description: INDIVIDUAL LONG-TERM CARE INSURANCE ADVERTISING MATERIAL(S) PLEASE SEE COVER LETTER	

View Complete Filing Description

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>ARKANSAS</u></p> <p>Print Name <u>Mary J. Rinaldi</u> Title: <u>Consultant-Compliance/Marketing/AD</u></p> <p>Original Signature <u><i>Mary J. Rinaldi</i></u> Date <u>March 3, 2009</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		I09-06
This filing corresponds to rate filing company tracking number		NA

	Document Name	Form Number		Replace Form Number
	Description			Previous State Filing Number
01	Get The Facts 02	ADF#1745.06 (Rev0209)	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	ADF#1745.06
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		NA		
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing				
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	

LH RFA-1